

	IN THE UN	ITED STATES PATEN	T AND TRAD	EMARK OF	FICE			
23/03 OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320		Attorney Docket No.: _				117273	117273	
		Date: September 23,					r 23, 2003	
Telephone: (703) 836-2 Facsimile: (703) 836-2			MAIL STO	OP PATENT	APPLI	CATION		
Customer Number:	25944	NON	NPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)					
Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313 Sir:	-1450	C F.P. &1.53(b) is the no	annrovisional n	•			031109 U.S. PTO 10/667497	
For (Title):	For filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application  BELT CONVEYING MECHANISM FOR INK-JET RECORDING APPARATUS  AND INK-JET RECORDING APPARATUS INCLUDING IT						03	
By (Inventors):	Tsugio OKAMO	TO, Masakazu KUKI, C	Osamu TAKAG	·I				
A Declaration at This application (A Preliminary A This patent appl The execute An Information Entitlement to s A Preliminary A Priority of foreig 24, 2002 in JAP A certified This application the invention d country, or under The filing fee is CLAIMS IN THE AP	nd Power of Attorical claims benefit of Amendment is attaication is assigned and Assignment is fill Disclosure Statem all entity status in the Amendment is filled and No. 2002 copy of the above is NOT to be publisclosed in this again and the publisclosed in this again and the publisclosed in the applications. And the publisclosed in the application and the publishment and the publish	nent is filed herewith. Is hereby asserted. It herewith.	on the Specific OKABUSHIKI otember 24, 200 r 26, 2002 in 14 r 26, 2003 in 16 r 27, 2003 in 16 r	cation if not a  KAISHA.  D2 in JAPAN APAN is clair filed herewit ndersigned att e the subject	, No. <u>200</u> med (35 <sup>1</sup> th. torney or	02-277219 f U.S.C. §119 agent hereb	). by certifies th iled in anoth iling.	
ANY PRELIMINAR	Y AMENDMENI	NOTED ABOVE	SMALL	ENTITY	ſſ	SMALL		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	<u>OR</u>	RATE	FEE	
BASIC FEE		4		\$ 375	<u>OR</u>		\$ 750	
TOTAL CLAIMS	24 - 20	= 4	x 9=	\$	<u>OR</u>	x 18	\$ 72	
INDEP CLAIMS	5 - 3	= 2	x 42 =	\$	<u>OR</u>	x 84	\$ 168	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 140 =	\$	<u>OR</u>	+ 280	\$	
* If the difference is less than zero, enter "0".			TOTAL	\$	<u>OR</u>	TOTAL	\$ 990	

Check No. 146573 in the amount of \$990 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Cliff

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